Subpopulation: IDU Women African American Ranking: 3

Name of Intervention	Turning Point
Risk Behavior(s)	Unsafe needle practice
Influencing Factor(s) of FIBs	 Perceived susceptibility Perceived severity Perceived benefits Perceived barriers Self-efficacy
Intended Immediate Outcomes	Goal: Increase the number and proportion of IDU who exhibit safer injecting habits. Objectives: Increased understanding of behaviors that make them susceptible to HIV Increased understanding of the severity of HIV Identification of barriers and education around risk reduction methods to overcome those barriers (cont'd) Identification and education around methods to overcome relationship issues related to safer injection practices
Туре	GLI (prevention counseling session used primarily for risk assessment)
Setting	Not Indicated
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Both interventions increased safer needle use behaviors; participants in the enhanced intervention who reported unsafe needle practices at enrollment were significantly more likely to report safer needle practices at follow-up than similar participants in the standard intervention.

Subpopulation: IDU Women African American Ranking: 3

Name of Intervention	AIDS Education for Drug Abusers
Risk Behavior(s)	Sex without condomsSharing unsterile injecting equipment
Influencing Factor(s) of FIBs	 Self-efficacy Intentions Expected outcomes Perceived susceptibility Cultural norms Group norms Peer pressure Social support Environmental facilitators (access to condoms and bleach kits)
Intended Immediate Outcomes	To determine the effects of a small group Informational and Enhanced Education interventions on drug and sex related HIV risk behaviors.
Туре	Group level intervention
Setting	Inpatient drug detoxification and rehabilitation center.
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	After exit from the program, participants in both interventions reported significant reductions in drug and sex related risk behaviors compared with their baseline level of risk. For two behaviors, drug injection and cocaine use, the Enhanced Education intervention had significantly greater effects than the Informational Education intervention.

Subpopulation: IDU Women African American Ranking: 3

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Name of Intervention	Community Demonstration Projects
Risk Behavior(s)	Sex without condomsSharing unsterile injection equipment
Influencing Factor(s) or FIBs	 Self-efficacy Intentions Expected outcomes Perceived susceptibility Cultural norms Group norms Peer pressure Social support Environmental facilitators (access to condoms and bleach kits)
Intended Immediate Outcomes	To increase condom use with main and non-main partners To increase disinfection of injecting equipment
Туре	Community Level Intervention
Setting	Street settings, public sex environments, other community venues
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Individuals in the intervention communities demonstrated significantly greater achievement of consistent condom use and maintenance of consistent condom use with non-main partners than individuals in the comparison communities.

ALL HMAZs and the LMAZ

Subpopulation: All high priority subpopulations, consistent with CDC Guidance,

September 1997

Rankings: Same as the corresponding group in selected HMAZ, LMAZ

Name of	Prevention Case Management (PCM)
Intervention	
Risk	Multiple high risk behaviors consistent with HIV Prevention Case
Behavior(s)	Management Guidance, September 1997 by the CDC
	Substance use
	Sex without condoms
	Multiple partners
Influencing	Perceived susceptibility
Factor(s)	Fatalism
or FIBs	Self Efficacy
0	Peer Pressure
	Cultural group norms
Intended	Increase condom use
Immediate	
Outcomes	Decrease number of partners Increase Self Esteem
Outcomes	
	Referral for new HIV positives into Early Intervention Programs
	Referral of HIV positives into more intensive Intervention Programs that
-	address the Factors Influencing the Risky Behavior.
Туре	Individual Level Intervention
Setting	Community based organization, STD clinics, other locations
Currently	No
provided?	
Rationale	This intervention should target only high-risk individuals, whether HIV-positive
for selecting intervention:	or HIV-negative, with multiple, complex problems and risk-reduction needs. This intensive, client-centered prevention activity has the fundamental goal of
	promoting the adoption and maintenance of HIV risk-reduction behaviors. It is
	suitable for individuals seeking stability and regularity in their lives and/or
	individuals who are reaching an action step in dealing with health concerns.
	PCM should include 1) client recruitment and engagement, 2) screening and
	,
	assessment of HIV and STD risks and medical and psychosocial service
	needs, 3) development of a client-centered prevention plan, 4) multiple
	session HIV risk-reduction counseling, 5) active coordination of services with
	follow-up, 6) monitoring and reassessment of client's needs, risks, and
	progress, and 7) discharge from PCM services upon attainment and
	maintenance of risk-reduction goals.
	pcm

ALL HMAZs and the LMAZ

Subpopulation: All BDTPS; all subpopulations; all races, ethnicities and ages
Rankings: Same as the corresponding group in selected HMAZ, LMAZ

Name of	Prevention Counseling/Partner Elicitation
Intervention	
Risk	Substance use
Behavior(s)	Sex without condoms
	Multiple partners
Influencing	Perceived susceptibility
Factor(s)	Environmental facilitators (access to condoms and testing)
or FIBs	Knowledge of STDs
	Group or Cultural Norms
Intended	Increase proportion of HIV-infected persons who know their status
Immediate	Increase condom use
Outcomes	Improve communication and negotiation skills
	Improve self perception of risk
	Provide access to condoms and testing
	Improve knowledge of STDs
	Reduce Number of sex partners
Туре	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based
	locations
Currently	Yes
provided?	
Rationale	Counseling, testing, referral and partner services have been recommended
for selecting	as an effective intervention for all populations in Texas. In the Centers for
intervention:	Disease Control and Prevention's HIV Prevention Strategic Plan Through
	2005, Goal 2 is to increase the proportion of HIV-infected people in the U.S.
	who know they are infected through voluntary counseling and testing. The
	CDC's objectives to meeting this goal support the inclusion of this intervention
	for all populations. These objectives include: improving access to voluntary,
	client-centered counseling and testing in high seroprevalance populations and
	increasing the number of providers who provide voluntary, client-centered
	counseling and testing. The core elements of this intervention include risk
	assessment, risk reduction plan, and the option to test for HIV either
	anonymously or confidentially.
	The Taylor CDCs recommend the fallowing strategies to a secret DCDC
	The Texas CPGs recommend the following strategies to promote PCPE:
	1) Fact Sheet p. 31. Culturally Tailored HIV/AIDS Risk-Reduction Messages
	Targeted to African-American Urban Women. This 20-minute video
	increased the likelihood that women would view HIV as a personal risk, to

- request condoms, to talk with friends about AIDS, and to get tested for HIV.
- 2) Fact Sheet p. 34 Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women. This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.
- 3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.
- 4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.

pcpe